

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040569

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No.

172

Primary Registration District No.

4272

Registrar's No.

77

1. PLACE OF DEATH

a. COUNTY

Lafayette

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Waverly

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN

Carrollton

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Kelling Clinic

Length of stay in lb

d. STREET ADDRESS

203 So. Hale

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

SARAH

Middle

D

Last

ADKINS

4. DATE OF DEATH

Month

Day

Year

Nov. 10, 1958

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH

Dec. 24 1875

9. AGE (In years last birthday)

82

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Wakenda Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Zachary J. Stator

13b. MOTHER'S MAIDEN NAME

Nancy E. Hargrove

14. NAME OF HUSBAND OR WIFE

Mrs. Ed Elstro, Waverly, Mo.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Mrs. Ed Elstro, Waverly, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cardio vascular renal disease

INTERVAL BETWEEN ONSET AND DEATH
10 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis generalized

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒ 2

442X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from about 1948 to 11-10-58 and last saw her alive on 11-10-58

Death occurred at 2:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Jordan J. Kelling M.D.

22b. ADDRESS

Waverly, Missouri

22c. DATE SIGNED

11-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-13-58

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cem.

23d. LOCATION (City, town, or county)

Carrollton Mo.

(State)

24. FUNERAL DIRECTOR

Stanley Gibson

ADDRESS

Carrollton Mo.

25. DATE RECD. BY LOCAL REG.

Nov. 12, 58

26. REGISTRAR'S SIGNATURE

Lutie Gordon Jordan

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by James F. Gibson, Student Embalmer No. 572
working under my personal supervision.

Student James F. Gibson
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.